

AMENDMENTS TO THE CLAIMS

Note: Claims are renumbered according to the Examiner's final claim numbering shown in the Index of Claims provided with the Notice of Allowance dated December 30, 2009.

Previous claim numbering is shown in parenthesis next to the renumbered claim number for reference.

1 (Original Claim no. 110). (Previously presented) A method of calculating a billing code for a patient encounter that complies with the requirements of the United States Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS), including the steps of:

- (a) providing an electronic computer or scannable form;
- (b) prompting a user via said electronic computer or scannable form to collect information regarding said patient encounter, said information including at least certain information relevant to calculating said billing code;
- (c) collecting and recording said information regarding said patient encounter using said electronic computer or said scannable form into a data base or data table; and
- (d) using said electronic computer or said scannable form to electronically derive an appropriate HCFA/CMS billing code from said collected information.

2 (Original Claim no. 111). (Previously presented) The method of Claim 1, in which said electronic computer or scannable form is provided in the form of a handheld computer with a touch screen interface, and said recording step includes entering the information in real time into said electronic computer via said touch screen interface.

3 (Original Claim no. 132). (Previously presented) The method of Claim 1 or Claim 2, wherein said electronic computer is at least one of desktop computer, computer terminal, laptop

computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable forms.

4 (Original Claim no. 136). (Previously presented) The method of Claim 1, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

5 (Original Claim no. 139). (Previously presented) The method of Claim 1 further including storing patient counseling information and patient care information, and using said stored information for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

6 (Original Claim no. 156). (Previously presented) The method of Claim 1, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to Health Care Financing Administration (HCFA) (now known and Centers for Medicare and Medicaid Services (CMS)) (collectively HCFA/CMS) requirements.

7 (Original Claim no. 123). (Currently amended) Apparatus for compiling medical data and generating a billing code based on said medical data and being consistent with payer mandates, comprising:

electronic means for displaying items for evaluation of a patient during a patient encounter, said items being at least sufficient to support billing requirements imposed by said payer mandates;

data forms for collecting and storing patient responses and/or user findings regarding history, examination, assessment, counseling, and/or decision occurring as a result of said patient encounter;

means for storing and accessing said patient responses and/or said user findings;

an algorithm for linking and comparing said patient responses and/or said user findings with values for billing, procedure, treatment, counseling and/or documentation requirements; and calculating means for deriving a resultant code based in part on said algorithm.

8 (Original Claim no. 124). (Previously presented) The apparatus of Claim 7, wherein said resultant code is an evaluation and management code to be used in a claim and for submitting to a payer.

9 (Original Claim no. 126). (Currently amended) The apparatus of Claim ~~[[8]]7~~, wherein said billing codes ~~is a~~ are Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services(CMS)) (collectively HCFA/CMS) codes.

10 (Original Claim no. 128). (Currently amended) The apparatus of Claim ~~8[[,]] or Claim 9, 11 or 12~~ wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

11 (Original Claim no. 125). (Currently amended) The apparatus of Claim 7, further comprising a timer for tracking total time and patient counseling time during said patient encounter, and ~~an~~ algorithm for computing the percent of total time used for counseling.

12 (Original Claim no. 127). (Previously presented) The apparatus of Claim 7, wherein said billing codes are insurance requirement codes.

13 (Original Claim no. 134). (Previously presented) The apparatus of Claim 7, wherein said electronic means comprises at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable paper forms.

14 (Original Claim no. 135). (Previously presented) The apparatus of Claim 7, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time, and determining said billing code based upon said comparison.

15 (Original Claim no. 138). (Previously presented) The apparatus of Claim 7 or 8, wherein said data includes patient counseling information and patient care information.

16 (Original Claim no. 154). (Previously presented) The apparatus of Claim 7 further including using said stored patient responses and/or user findings for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

17 (Original Claim no. 157). (Previously presented) An integrated electronic system for conducting a medical interview of a patient and contemporaneously compiling medical data and calculating an appropriate Evaluation and Management billing code based on that interview, including:

electronic means including:

a prompting means for generating real-time prompts to prompt an interviewer to make a series of inquiries for eliciting responses from the patient during a patient encounter, said series of inquiries and said responses including at least sufficient details to support billing requirements imposed by payer mandates, said series of inquiries including individual data elements needed to calculate or derive the Evaluation and Management billing code,

said prompting means further including:

a calculating means for calculating further prompting for inquiries regarding the patient using at least some of the preceding responses;

a guiding means for guiding the interviewer during said interaction with the patient;

a reminding means to remind the interviewer regarding specific points of inquiry relevant to further examination of that patient; and

a soliciting means to solicit underlying information usable for calculating a description of the medical services being provided, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

the electronic means further including:

a recording means for recording said responses or other related information corresponding to the series of inquiries; and

a calculating means using information including said recorded responses to derive the Evaluation and Management billing code, said billing code complying with the billing requirements imposed by said payer mandates.

18 (Original Claim no. 137). (Previously presented) The system of Claim 17, wherein the billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

19 (Original Claim no. 145). (Currently amended) The system of Claim 17, where said billing code is based on billing requirements imposed by the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services (CMS))-codes.

20 (Original Claim no. 146). (Previously presented) The system of Claim 17, in which said electronic means comprises a handheld computer with a touch screen interface, said interface facilitating the recording of information in real time.

21 (Original Claim no. 152). (Previously presented) The system of Claim 17, wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, hand writing recognition software or scannable form.

22 (Original Claim no. 159). (Currently amended) An apparatus for assisting a user in conducting a patient encounter, said patient encounter comprising inquiry, examination, assessment, counseling, and/or decision regarding said patient, storing data regarding said patient encounter, and generating a billing code based on said patient encounter data, including:

prompting means for reminding the user to enter individual data elements, wherein said data elements comprise data needed to indicate the type of patient encounter, to document what was found or what occurred during said patient encounter, and/or to comply with requirements for calculation of said billing code specific for said type of patient encounter;

inputting means for recording said patient encounter data;

data storage means for preserving said patient encounter data;

calculating means for using said data regarding said patient encounter to derive for the user said billing code, said billing code complying with billing requirements imposed by payer mandates for said type of patient encounter; and

data access means wherein items preserved by said data storage means and results of said calculating means can be viewed, analyzed, and/or revised.

23 (Original Claim no. 158). (Currently amended) A method for assisting a user in conducting a patient encounter, said patient encounter comprising inquiry, examination, assessment, counseling, and/or decision regarding said patient, storing data regarding said patient encounter, and generating a billing code based on said patient encounter data, including:

providing the apparatus of Claim 22; said method further including at least one of the following steps:

the apparatus prompting the user to enter individual data elements, wherein said data elements comprise data needed to indicate the type of patient encounter, to document what was found or what occurred during said patient encounter, and/or to comply with requirements for calculation of said billing code specific for said type of patient encounter;

the user inputting said patient encounter data;

electronically storing said patient encounter data;

calculating from said data regarding said patient encounter to derive for the user said billing code, said billing code complying with billing requirements imposed by payer mandates for said type of patient encounter; and

accessing said data and/or said results of said calculating step for viewing, communicating, analyzing, and/or revising same.

24 (Original Claim no. 163). (Currently amended) The method of Claim 23, wherein said billing code is derived based on rules set forth in the Documentation Guidelines for Evaluation and Management Services ~~billing code~~ of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

25 (Original Claim no. 172). (Previously presented) The method of Claim 23, said step of electronically storing said patient encounter data including storing patient counseling information and patient care information.

26 (Original Claim no. 173). (Previously presented) The method of Claim 23 or Claim 25, further including using said stored patient encounter data for clinical care, prescriptions,

counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

27 (Original Claim no. 160). (Previously presented) The apparatus of Claim 22, said data access means including means for preparing communications regarding results of said patient encounter and said calculating means, said communications including documentation regarding what was found or what occurred during said evaluation, documentation sufficient to support said billing code, and/or communications to other health care providers.

28 (Original Claim no. 161). (Previously presented) The apparatus of Claim 22, said data access means including means for facilitating use of said information in connection with clinical research, quality control, patient care data base information, clinical notes, clinical counseling notes, or correspondence.

29 (Original Claim no. 162). (Previously presented) The apparatus of Claim 22, wherein said calculating means comprises a timer for tracking total time of patient encounter and total counseling time during said patient encounter, and an algorithm for comparing said total time of said patient encounter and said total counseling time during said patient encounter, and determining whether said billing code should be based upon said comparison.

30 (Original Claim no. 164). (Previously presented) The apparatus of Claim 22, wherein said electronic means comprises a personal computer, desktop computer, laptop computer, network server, handheld computing device, portable computing device, or scannable form.

31 (Original Claim no. 165). (Previously presented) The apparatus of Claim 22, wherein said data storage means comprises a data base or data tables.

32 (Original Claim no. 166). (Previously presented) The apparatus of Claim 31, wherein said data base or data tables are modifiable as needed.

33 (Original Claim no. 167). (Previously presented) The apparatus of Claim 22, further comprising an adding means, wherein said user can add free text to said data elements, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting, or direct keyed entry.

34 (Original Claim no. 168). (Previously presented) The apparatus of Claim 22, wherein said prompting means is customizable to accommodate needs of specific medical practices.

35 (Original Claim no. 169). (Previously presented) The apparatus of Claim 22, wherein said prompting means is modifiable to accommodate changes in said payer mandates and clinical practice.

36 (Original Claim no. 170). (Previously presented) The apparatus of Claim 22, wherein said prompting means is customizable to accommodate the needs of medical encounters, medical practices, or users.

37 (Original Claim no. 171). (Previously presented) The apparatus of Claim 22, wherein said data access means is customizable according to needs of said medical encounter or of said user.

38. (New) The method of Claim 1, wherein said collected information is used to prepare medical record documentation.

39. (New) The method of Claim 38, wherein said medical record documentation can be modified according to personal preferences for documentation.

40. (New) The method of Claim 1, wherein at least some of said collected information is provided by said patient and/or any person on behalf of said patient.

41. (New) The method of Claim 1, wherein at least some of said collected information is entered by health care workers and/or administrative workers.

42. (New) The method of Claim 40 or Claim 41, wherein said collected information is stored using said database and/or data table.
43. (New) The method of Claim 42, wherein at least some of said collected information is accessible to a user before said user reviews information regarding, sees, or examines said patient.
44. (New) The method of Claim 1, further comprising an adding means, wherein said user can add free text to said collected information, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting recognition software and/or direct keyed entry.
45. (New) The method of Claim 1, wherein said prompting is customizable to accommodate needs of specific medical practices, medical encounters, or users.
46. (New) The method of Claim 1, wherein said prompting is modifiable to accommodate changes in payer mandates and/or clinical practice.
47. (New) The method of Claim 1, wherein said electronic derivation of an appropriate billing code is customizable to accommodate the needs of medical practices, medical encounters, users, and/or specific billing requirements.
48. (New) The apparatus of Claim 7, wherein said resultant code is based on said algorithm.
49. (New) The apparatus of Claim 7, wherein said resultant code is based at least in part on said algorithm.
50. (New) The apparatus of Claim 48 or Claim 49, in which said resultant code is said generated billing code.
51. (New) The apparatus of Claim 8, wherein said resultant code is based on said algorithm.

52. (New) The apparatus of Claim 8, wherein said resultant code is based at least in part on said algorithm.

53. (New) The apparatus of Claim 51 or Claim 52, in which said resultant code is said generated billing code.

54. (New) The apparatus of Claim 7, wherein said patient responses and/or said user findings are used to prepare medical record documentation.

55. (New) The apparatus of Claim 54, wherein said patient responses and/or said user findings can be modified according to personal preferences for documentation.

56. (New) The apparatus of Claim 7, wherein said data forms comprise at least one of free text input, check box, drop down list, radio button, button, and/or selection list.

57. (New) The apparatus of Claim 7, further comprising an adding means, wherein said user can add free text to said data elements, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting recognition software, and/or direct keyed entry.

58. (New) The apparatus of Claim 7, wherein said electronic means for displaying items is customizable to accommodate needs of specific medical practices, medical encounters, users, and/or specific billing requirements.

59. (New) The apparatus of Claim 7, wherein said algorithm is customizable to accommodate needs of specific medical practices, medical encounters, users, and/or specific billing requirements.

60. (New) The apparatus of Claim 7, wherein said calculating means is customizable to accommodate the needs of specific medical practices, medical encounters, users, and/or specific billing requirements.

61. (New) The system of Claim 17, wherein said recording means comprises a data base or data tables.

62. (New) The system of Claim 17, further including means for preparing medical record documentation using said underlying information.

63. (New) The system of Claim 17, said system further comprising means for preparing medical record documentation using said underlying information.

64. (New) The system of Claim 17, further including means for preparing medical record documentation using the description calculated by the soliciting means.

65. (New) The system of Claim 17, said system further comprising means for preparing medical record documentation using the description calculated by the soliciting means.

66. (New) The apparatus of Claim 22, wherein said billing code is derived based on rules set forth in the Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

67. (New) The apparatus of Claim 22, wherein said data regarding said patient encounter is used to generate medical record documentation.

68. (New) The method of Claim 23, further including generating medical record documentation using said data regarding said patient encounter.

69. (New) The apparatus of Claim 67, wherein said medical record documentation can be modified according to the user.

70. (New) The method of Claim 68, further including modifying said medical record documentation according to the user.

71. (New) The apparatus of Claim 22 wherein at least some of said data regarding said patient encounter is provided by said patient and/or any person on behalf of said patient.

72. (New) The method of Claim 23, at least some of said data regarding said patient encounter being provided by said patient and/or any person on behalf of said patient.

73. (New) The apparatus of Claim 22 wherein at least some of said data regarding said patient encounter is entered by health care workers and/or administrative workers.

74. (New) The method of Claim 23, at least some of said data regarding said patient encounter being entered by health care workers and/or administrative workers.

75. (New) The apparatus of Claim 73, wherein said data regarding said patient encounter is stored using said data storage means.

76. (New) The method of Claim 74, further including using said data storage means to store said data regarding said patient encounter.

77. (New) The apparatus of Claim 75, wherein said data regarding said patient encounter is accessible to said user before said user reviews information regarding, sees, or examines said patient.

78. (New) The method of Claim 76, said data regarding said patient encounter being accessible to said user before said user reviews information regarding, sees, or examines said patient.

79. (New) The apparatus of Claim 22, wherein said inputting means is customizable according to the preferences of specific medical practices, users, and/or specific billing requirements.

80. (New) The apparatus of Claim 22, wherein said calculating means is customizable to accommodate the needs of specific medical practices, users, and/or specific billing requirements.

81. (New) The apparatus of Claim 22, further comprising a populating means, wherein said user can enter data into one said individual data element and automatically populate more than one said individual data element regarding said patient encounter.

82. (New) The apparatus of Claim 81, wherein said populating means is customizable according to the preferences of specific medical practices, users, and/or specific billing requirements.

83. (New) The apparatus of Claim 22, wherein said patient encounter data includes patient counseling information and patient care information.

84. (New) The apparatus of Claim 22 or 83, further including means for facilitating use of said patient encounter data for clinical care, prescriptions, counseling materials, educational materials, correspondence, quality assurance, billing, research, historical tracking and/or analyzing.

85. (New) The method of Claim 23, said step of accessing said data including preparing communications regarding results of said patient encounter and said calculating means, said communications including documentation regarding what was found or what occurred during said evaluation, documentation sufficient to support said billing code, and/or communications to other health care providers.

86. (New) The method of Claim 23, said step of accessing said data including using said information in connection with clinical research, quality control, patient care data base information, clinical notes, clinical counseling notes, and/or correspondence.

87. (New) The method of Claim 23, said calculating step including using a timer to track total time of patient encounter and total counseling time during said patient encounter, and using an algorithm to compare said total time of said patient encounter and said total counseling time

during said patient encounter, and determining whether said billing code should be based upon said comparison.

88. The method of Claim 23, further including storing said patient encounter data in a data base or data table.

89. (New) The method of Claim 88, further including modifying said data base or data table as needed.

90. (New) The method of Claim 23, further including adding free text to said data elements, said free text entered by said user by means comprising voice dictation, voice recognition software, handwriting, and/or direct keyed entry.

91. (New) The method of Claim 23, said step of prompting the user being customizable to accommodate needs of specific medical practices.

92. (New) The method of Claim 23, said step of prompting the user being modifiable to accommodate changes in said payer mandates and/or clinical practice.

93. (New) The method of Claim 23, said step of prompting the user being customizable to accommodate the needs of medical encounters, medical practices, and/or users.

94. (New) The method of Claim 23, said step of accessing said data being customizable according to needs of said medical encounter or of said user.

95. (New) The method of Claim 1, wherein said collected information includes a physical examination that comprises portions of the body within 7 body areas and/or 12 organ systems.

96. (New) The apparatus of Claim 7, wherein said examination comprises portions of the body within 7 body areas and/or 12 organ systems.

97. (New) The system of Claim 17, wherein said patient examination comprises portions of the body within 7 body areas and/or 12 organ systems.

98. (New) The apparatus of Claim 22, wherein said examination includes a physical examination that comprises portions of the body within 7 body areas and/or 12 organ systems.

99. (New) The method of Claim 23, wherein said examination includes a physical examination that comprises portions of the body within 7 body areas and/or 12 organ systems.

100. (New) The method of Claim 1, wherein said collected information includes a history which includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

101. (New) The apparatus of Claim 7, wherein said history includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

102. (New) The system of Claim 17, wherein said patient history includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

103. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

104. (New) The method of Claim 23, wherein said inquiry includes a history which includes at least one of the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

105. (New) The method of Claim 1, wherein said collected information includes a history which is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

106. (New) The apparatus of Claim 7, wherein said history is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

107. (New) The system of Claim 17, wherein said patient history is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

108. (New) The apparatus of Claim 22, wherein said inquiry includes a history which is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

109. (New) The method of Claim 23, wherein said inquiry includes a history which is considered brief when it includes information relevant to one to three of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

110. (New) The method of Claim 1, wherein said collected information includes a history which is considered extended when it includes information relevant to four or more of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

111. (New) The apparatus of Claim 7, wherein said history is considered extended when it includes information relevant to four or more of the following elements of the present illness:

location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

112. (New) The system of Claim 17, wherein said patient history is considered extended when it includes information relevant to four or more of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

113. (New) The apparatus of Claim 22, wherein said inquiry includes a history which is considered extended when it includes information relevant to four or more of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

114. (New) The method of Claim 23, wherein said inquiry includes a history which is considered extended when it includes information relevant to four or more of the following elements of the present illness: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

115. (New) The method of Claim 1, wherein said collected information includes a history which includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

116. (New) The apparatus of Claim 7, wherein said history includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal,

Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

117. (New) The system of Claim 17, wherein said patient history includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

118. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

119. (New) The method of Claim 23, wherein said inquiry includes a history which includes a review of systems, said review of systems comprising information regarding one or more of the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic.

120. (New) The method of Claim 1, wherein said collected information includes a history which includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said system is the system related to the problem.

121. (New) The apparatus of Claim 7, wherein said history includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said system is the system related to the problem.

122. (New) The system of Claim 17, wherein said patient history includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said system is the system related to the problem.

123. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said system is the system related to the problem.

124. (New) The method of Claim 23, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered problem pertinent when said review is selected from the following systems: Constitutional, Eyes, Ears\Nose\Mouth\Throat,

Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and wherein said system is the system related to the problem.

125. (New) The method of Claim 1, wherein said collected information includes a history which includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic, and wherein said 2-9 systems include the system directly related to the problem.

126. (New) The apparatus of Claim 7, wherein said history includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic, and wherein said 2-9 systems include the system directly related to the problem.

127. (New) The system of Claim 17, wherein said patient history includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic, and

wherein said 2-9 systems include the system directly related to the problem.

128. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/orAllergic\Immunologic, and

wherein said 2-9 systems include the system directly related to the problem.

129. (New) The method of Claim 23, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered extended when said review of systems includes information regarding 2-9 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/orAllergic\Immunologic, and

wherein said 2-9 systems include the system directly related to the problem.

130. (New) The method of Claim 1, wherein said collected information includes a history which includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

131. (New) The apparatus of Claim 7, wherein said history includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

132. (New) The system of Claim 17, wherein said patient history includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

133. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

134. (New) The method of Claim 23, wherein said inquiry includes a history which includes a review of systems, said review of systems is considered complete when said review of systems includes information regarding at least 10 systems selected from the following: Constitutional, Eyes, Ears\Nose\Mouth\Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurologic, Psychiatric, Endocrine, Hematologic\Lymphatic, and/or Allergic\Immunologic; and

wherein said at least 10 systems include information regarding the system directly related to the problem.

135. (New) The method of Claim 1, wherein said collected information includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

136. (New) The apparatus of Claim 7, wherein said history includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

137. (New) The system of Claim 17, wherein said patient history includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

138. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

139. (New) The method of Claim 23, wherein said inquiry includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to at least two of three areas of said past, family and/or social history are included and the patient is an established outpatient, established domiciliary patient, established home care patient, or emergency department patient.

140. (New) The method of Claim 1, wherein said collected information includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient,

comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

141. (New) The apparatus of Claim 7, wherein said history includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient, comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

142. (New) The system of Claim 17, wherein said patient history includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient, comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

143. (New) The apparatus of Claim 22, wherein said inquiry includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient, comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

144. (New) The method of Claim 23, wherein said inquiry includes a history which includes information pertinent to past, family, and/or social history; and

wherein said past, family and/or social history is considered complete when information pertinent to three of three areas of said past, family and/or social history are included and the patient is a new outpatient, new inpatient, new domiciliary patient, new home care patient, comprehensive nursing facility assessment patient, hospital observation patient, or consult patient.

145. (New) The apparatus of Claim 7, wherein said assessment and/or said decision is based at least in part on a Table of Risk, said Table of Risk being made available by The Health Care Financing Administration (HCFA) a branch of the United States Department of Health and Human Services, and now called Centers for Medicare and Medicaid Services (CMS) in 1995 Documentation Guidelines For Evaluation & Management Services or 1997 Documentation Guidelines For Evaluation & Management Services.

146. (New) The system of Claim 17, wherein said assessment and/or said decision is based at least in part on a Table of Risk, said Table of Risk being made available by The Health Care Financing Administration (HCFA) a branch of the United States Department of Health and Human Services, and now called Centers for Medicare and Medicaid Services (CMS) in 1995 Documentation Guidelines For Evaluation & Management Services or 1997 Documentation Guidelines For Evaluation & Management Services.

147. (New) The apparatus of Claim 22, wherein said medical decision is based at least in part on a Table of Risk, said Table of Risk being made available by The Health Care Financing Administration (HCFA) a branch of the United States Department of Health and Human Services, and now called Centers for Medicare and Medicaid Services (CMS) in 1995

Documentation Guidelines For Evaluation & Management Services or 1997 Documentation

Guidelines For Evaluation & Management Services.

148. (New) The method of Claim 23, wherein said medical decision is based at least in part on a Table of Risk, said Table of Risk being made available by The Health Care Financing Administration (HCFA) a branch of the United States Department of Health and Human Services, and now called Centers for Medicare and Medicaid Services (CMS) in 1995 Documentation Guidelines For Evaluation & Management Services or 1997 Documentation Guidelines For Evaluation & Management Services.

149. (New) The method of Claim 1, wherein said billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

150. (New) The apparatus of Claim 7, wherein said billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

151. (New) The system of Claim 17, wherein said Evaluation and Management billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

152. (New) The apparatus of Claim 22, wherein said billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the

Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).

153. (New) The method of Claim 23, wherein said billing code is derived based on rules set forth in the 1997 Documentation Guidelines for Evaluation and Management Services of the Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).